

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S) 09/936935

CLAIMS

IND.	DEP.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
		IND.	DEP.	IND.	DEP.	IND.	DEP.						
		1	1	1	1	1	1	51	1	1	1	1	1
2	1							52					
3								53					
4								54					
5								55					
6								56					
7	1							57					
8	1							58					
9	1							59					
10	1	21						60					
11	1							61					
12		1						62					
13		1						63					
14	1							64					
15		31						65					
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44								94					
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46								96					
47								97					
48								98					
49								99					
50								100					
TAL		6						TOTAL IND.					
TAL		9	↓		↓		↓	TOTAL DEP.	↓	↓	↓		
TAL		5	↓					TOTAL CLAIMS					

F-1360 (3-76)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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